



March 24, 2017

Michael Uradnik, Administrator  
Cascade Behavioral Hospital  
12844 Military Road South  
Tukwila, WA 98168

**Re: CMS Certification Number 50-4011  
Conditions of Participation Not Met  
Termination Date Extended to May 15, 2017**

Dear Mr. Uradnik:

Between the dates of March 7-10, 2017, the State Of Washington (State survey agency) conducted a revisit survey at Cascade Behavioral Hospital. The survey team did not find the facility to be in substantial compliance with the Medicare Conditions of Participation.

The deficiencies identified are cited in the enclosed Statement of Deficiencies and Plan of Correction Form CMS 2567. The deficiencies limit the capacity of Cascade Behavioral Hospital to furnish services of an adequate level and quality.

To avoid potential termination action, CMS must receive and approve a credible allegation of compliance within **10 calendar days of the date of this letter**. Complete your plans of correction in the space provided on the CMS Form 2567.

Please send your plans of correction to (1) the State Survey Agency and (2) to CMS to the attention of Karen Roe at:

CMS\_RO10\_CEB@cms.hhs.gov

Or, when not emailed, fax to 443.380.7537

An acceptable plan of correction, which includes acceptable completion dates, must contain the following elements:

- Plan of Correction for each specific deficiency cited.
- Procedure/process for implementing the acceptable plan of correction for each deficiency cited.
- Monitoring and tracking procedures to ensure the plan of correction is effective and that specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements.

- Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice.
- A completion date for correction of each deficiency cited.
- The plan must include the individual responsible for implementing the acceptable plan of correction with signature and title.

Thank you for your cooperation in this matter. If you have any further questions, please contact my staff by email at [CMS\\_RO10\\_CEB@cms.hhs.gov](mailto:CMS_RO10_CEB@cms.hhs.gov), attention Karen Roe.

Sincerely,

A handwritten signature in black ink that reads "Julius P. Bunch Jr." in a cursive script.

Julius P. Bunch Jr., Manager  
Division of Survey, Certification & Enforcement  
Regional Office - Seattle

cc: Washington Department of Health

**THIS SERVES AS OFFICIAL NOTICE SENT VIA EMAIL OR FACSIMILE PURSUANT TO 42 CFR §488. NO HARD COPY TO FOLLOW.**